

## INSTRUCTIONS FOR PRO-SE CUSTODY AND VISITATION ACTIONS

This packet will help you proceed on your own and get an order concerning custody or visitation. The instructions apply to proceedings only in Wyoming and Sullivan Counties. For further instructions, read the Rules of Civil Procedure applicable to custody cases.

### Before you begin, read completely each set of instructions.

\*\*\*CHILD(REN) MUST BE RESIDENTS OF WYOMING COUNTY\*\*\*

#### A. COSTS

There are Court costs which you will be required to pay, unless you ask for and are granted in forma pauperis status.

The first cost is the fee for filing the Custody Complaint with the Court. The filing fee is \$190.75.

There is also a fee for sending a copy of complaint, certified mail, to the other parent. You are responsible for these costs.

There may be a fee for making copies of the complaint. You may be responsible for these copies.

There is also the cost of enrolling in the mandatory education program. ("Kids First" or "Children Cope with Divorce").

You should consider these fees before you go further.

#### B. COMPLETE THE FORMS:

##### COMPLAINT FOR CUSTODY-AFFIDAVIT TO FILE FREE OF COST.

To get an order concerning custody or visitation, you must complete the forms in this packet.

The first form is a **Complaint for Custody**. ("Complaint") It gives the court all the facts it needs to start the action. \*Children names within this action must be identified by **initials only**.

The second form is the enrollment for the mandatory education program.

The third is an **Application to Proceed In Forma Pauperis and Affidavit**. ("Application") "In Forma Pauperis" is your request to allow the court to let you file free of cost. If the court approves you application, all court costs and fees are waived. **IF THE COURT DENIES YOUR APPLICATION, YOU WILL BE REQUIRED TO PAY THE FILING FEE.**

Complete these forms entirely. Do not leave any blank spaces.

Some Suggestions:

- (a) You are the Plaintiff. The other parent is the Defendant.
- (b) You must fill in the name of the Plaintiff and the Defendant, and the County where the court is located. The Complaint should be filed in the County where the children live.
- (c) The Complaint and Affidavit are in the forms required by the Courts. Some questions and facts are repeated. All information must be given. All the questions must be answered and a complete address for each party named in the matter **MUST** be provided.
- (d) If you do not know the answer, mark "Unknown".
- (e) On some questions, you are given two possible answers in parenthesis. Cross out the one that is wrong. Write in the correct answer.
- (f) You **MUST** give approximate dates and addresses of the past residences of the children.
- (g) The forms **MUST** be printed in ink or typewritten.

**Criminal Record/Abuse History Verification**

- Please make sure to provide all applicable information and sign and date page 5.

**Entry of Appearance of Self-Represented Party**

- Complete the caption and all personal information.
- The middle portion (Removal or Withdrawal) should only be completed if applicable.
- Counsel may represent any party at any time.

**Confidential Information Form and Certificate of Compliance**

- Complete the Confidential Information Form by providing the required information regarding the case caption, docket number and children.
- Sign the Certificate of Compliance regarding confidential information.

C. **FILING AND SERVICE**- Once the papers are completed and properly filled out, they must be filed and served. **READ THE FOLLOWING INSTRUCTIONS COMPLETELY.**

**1. FILING.**

- (a) The Office of the Prothonotary, or Court Clerk, is on the first floor of the Courthouses in both Wyoming and Sullivan Counties.
- (b) The original and one copy of the Complaint for Custody must be filed in the Prothonotary's Office. The copy will be sent to the Court Administrator by the Prothonotary.
- (c) You should also file an original and one copy of the Affidavit.
- (d) To file, you need to hand the Clerk the papers. They will do the rest.

- (e) You should keep two copies of the complaint- one to serve on other party and one for yourself.

**2. FILING FEE.**

- (a) You can pay the filing fee at the time you file.
- (b) If you cannot pay the filing fee, the Clerk will send your application to file free of cost to the Judge. The Judge will review your affidavit and decide your request. It may take a week.
- (c) **You MUST give the Clerk a telephone number.** The Clerk will contact you when the Judge decides if you are to be granted In Forma Pauperis status.
- (d) If the Judge denies your request, you will have ten (10) days to pay the filing fee. If you do not pay, the case will be dismissed.

**3. SERVICE OF THE COMPLAINT.**

- (a) You must give the other party (Parent) legal notice that you have filed for custody. This type of notice is known as “service”.
- (b) Service of all Orders and the Complaint is **your** responsibility. To do so, you **MUST** send the orders and Complaint by **Certified mail, Return receipt requested, to be signed by the ADDRESSEE ONLY.** The addressee **MUST** be the defendant. The Post Office can help you send certified mail.
- (c) Service **MUST** be made within thirty (30) days from the date the Complaint was filed in the Prothonotary Office.

**4. PROOF OF SERVICE.**

- (a) Service is complete once you have received back the Green Card showing the defendant has received the Complaint.
- (b) After service is made, Complete form – “Certificate of Service”.
- (c) The completed Certificate of Service form must be filed with the Prothonotary Office. The sender’s receipt and green card should be stapled to the Certificate of Service.

**D. CONFERENCE AND ORDER.**

- (a) You will be notified by mail of the date, time and place of the conference with the court.
- (b) You **MUST** attend the conference.
- (c) The children should not be brought to the conference.
- (d) The other party (Parent) will be notified of the conference. He/She may attend and ask the court for wither custody or visitation.
- (e) The court will attempt to work out a custody arrangement with both parents.
- (f) This is not a hearing. You should not bring a witness. The Court will only talk to the parents or a lawyer representing a parent.

EMPLOYEES OF THE PROTHONOTARY OFFICE ARE NOT PERMITTED TO PROVIDE ANY LEGAL ADVICE.

IN THE COURT OF COMMON PLEAS OF THE 44<sup>th</sup> JUDICIAL DISTRICT  
WYOMING COUNTY BRANCH – CIVIL ACTION – LAW

\_\_\_\_\_,  
Plaintiff : NO. \_\_\_\_\_

VS. :

\_\_\_\_\_,  
Defendant :

**COMPLAINT FOR CUSTODY**

1. Plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_  
(name) (Street)

\_\_\_\_\_  
(City) (Zip) (County)

Phone Number: \_\_\_\_\_

2. Defendant is \_\_\_\_\_, residing at \_\_\_\_\_  
(name) (Street)

\_\_\_\_\_  
(City) (Zip) (County)

Phone Number: \_\_\_\_\_

3. Plaintiff seeks \_\_\_\_\_ of the following child(ren):  
(Custody) (Partial Custody/Visitation)

CHILDREN'S INITIALS  
ONLY

PRESENT RESIDENCE

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The child(ren) \_\_\_\_\_ born out of wedlock.  
(was) (was not)

5. The child(ren) is/are presently in the custody of \_\_\_\_\_  
(name)  
who resides at \_\_\_\_\_  
(Street) (City) (Zip) (County)

6. During the past five years, the child(ren) have resided with the following persons  
and at the following addresses:

Dates (Most recent first)	All addresses where child lived	Parent/person residing with child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Mother of the child(ren) is \_\_\_\_\_ currently residing at \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(Street) (City) (Zip) (County)

She is \_\_\_\_\_  
(married/divorced/single)

8. Father of the child(ren) is \_\_\_\_\_ currently residing at \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(Street) (City) (Zip) (County)

He is \_\_\_\_\_  
(married/divorced/single)

9. The relationship of Plaintiff to the child(ren) is that of \_\_\_\_\_  
(mother) (father)

The Plaintiff currently resides with the following person(s):

(Name)

(Relationship)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. The relationship of Defendant to the child(ren) is that of \_\_\_\_\_.  
(mother) (father)

The Defendant currently resides with the following person(s):

(Name)

(Relationship)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Plaintiff \_\_\_\_\_ participated as a party or witness, or in another capacity, in  
(has) (has not)  
other litigation concerning the custody of the child(ren) in this or another court. The court, term  
and number, and its relationship to this action is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

12. Plaintiff \_\_\_\_\_ information of a custody proceeding concerning the  
(has) (has not)  
child(ren) pending in a court of this Commonwealth. The court, term and number, and its  
relationship to this action is:

---

---

---

13. Plaintiff \_\_\_\_\_ of a person not a party to these proceedings who has  
(knows) (does not know)  
physical custody of the child(ren) or claims to have custody or visitation rights with respect to  
the child(ren). The name and address of such person is:

---

---

14. The best interest and permanent welfare of the child(ren) will be served by granting the  
relief requested because (**explain why you should be given custody or visitation**):

---

---

---

---

(Add an extra sheet if needed, do not write on the back)

15. Each parent whose parental rights to the child(ren) have not been terminated and the  
person who has physical custody of the child(ren) have been named as parties to this action. All  
other persons, named below, who are known to have or claim a right to custody or visitation of  
the child(ren) will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHEREFORE, Plaintiff requests the Court to grant \_\_\_\_\_  
(CUSTODY) (PARTIAL CUSTODY/VISITATION)

of the children.

16. Plaintiff's current employment or source of income:

\_\_\_\_\_.

17. Defendant's current employment or source of income:

\_\_\_\_\_.

18. Criminal Record/Abuse History Verification for Plaintiff and all adults living in Plaintiff's household are attached as Exhibit "A."

19. Defendant is hereby notified to provide the Court with a Criminal Record/Abuse History Verification for all adults residing with Defendant.

I VERIFY THAT THE STATEMENTS MADE IN THIS COMPLAINT ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff Pro-Se



IN THE COURT OF COMMON PLEAS OF THE 44<sup>TH</sup> JUDICIAL DISTRICT  
WOMING COUNTY BRANCH – CIVIL ACTION – LAW

: NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

VS.

\_\_\_\_\_  
Defendant

---

CERTIFICATE OF SERVICE

I, \_\_\_\_\_, Plaintiff, certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a true and correct copy of the Complaint for Custody was mailed by certified mail to the Defendant, \_\_\_\_\_, at Defendants current residence of \_\_\_\_\_.

Defendant received the Complaint on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Senders receipt and return card are attached.

\_\_\_\_\_  
Signature of Plaintiff

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, PENNSYLVANIA

\_\_\_\_\_  
 Plaintiff  
 v.  
 \_\_\_\_\_  
 Defendant

:  
 :  
 : No. \_\_\_\_\_  
 :  
 : CUSTODY

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. § 6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea or no contest plea, or pending charges</b>	<b>Sentence</b>
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>Check all that apply</b>	<b><u>Crime</u></b>	<b><u>Self</u></b>	<b><u>Other household member</u></b>	<b><u>Date of conviction, guilty plea or no contest plea, or pending charges</u></b>	<b><u>Sentence</u></b>
<input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that <u>apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of conviction, guilty plea or no contest plea, or pending charges</b>	<b>Sentence</b>
<input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct or involvement with a Children & Youth Agency including the following:

<b>Check all that apply</b>		<b>Self</b>	<b>Other Household Member</b>	<b>Date</b>
<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____

Check all that apply

	<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<input type="checkbox"/> Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Involvement with Children & Youth or similar agency in Pennsylvania or another jurisdiction. Where? _____.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse.

---

---

---

---

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth, and relationship to the child.

---

---

---

---

5. If you are aware that the other party or members of the other party's household has or have a criminal record/abuse history, please explain:

---

---

---

---

I verify that the information above is true and correct to the best of my knowledge, information or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Plaintiff

NO: \_\_\_\_\_

VS.

\_\_\_\_\_  
Defendant

**AFFIDAVIT**

I, \_\_\_\_\_, the Plaintiff in the above matter, state that -

(Check one)

\_\_\_\_\_ There are no Children born of this marriage who are now under the age of eighteen (18) years.

\_\_\_\_\_ The following children born of this marriage are presently under the age of eighteen (18) years.

CHILDREN-  
INITIALS ONLY

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the above statements are true and correct, and are made subject to the penalties of 18 Pa.C.S.A § 4904, relating to unsworn falsification to authorities.

REGISTRATION FORM

PLEASE ENROLL ME IN THE DIVORCE AND/OR CHILD  
CUSTODY EDUCATION PROGRAM.

DOCKET NUMBER: \_\_\_\_\_

\_\_\_\_\_ ATTACHED IS MY PAYMENT OF FIFTY  
(\$50.00) DOLLARS  
(\$50.00 PER PERSON PER CLASS)

(MADE PAYABLE TO: WYOMING COUNTY PROTHOTARY  
WYOMING COUNTY COURTHOUSE  
TUNKHANNOCK, PA 18657)

\_\_\_\_\_ I HAVE BEEN GRANTED INFORMA PAUPERIS  
STATUS

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



**CONFIDENTIAL  
INFORMATION  
FORM**



**Instructions for Completing the Confidential Information Form**

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.Civ.P. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.Civ.P. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.Civ.P. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL  
INFORMATION  
FORM**



*Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*  
204 Pa. Code § 213.81  
[www.pacourts.us/public-records](http://www.pacourts.us/public-records)

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page(s) attached. \_\_\_\_\_ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Attorney Number: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**

**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>

**CONFIDENTIAL  
INFORMATION  
FORM**



**Abuse Victim Addendum**

**Instructions for Completing the Abuse Victim Addendum:** The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, in family court actions (see Pa.R.Civ.P. 1931(a)), as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

<b>Type of Family Court Action</b>		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
(full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV 1 Address
Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV 1 Employer's Name & Address
Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL  
INFORMATION  
FORM**



**Abuse Victim Addendum**  
Additional page (if necessary)

<b>Type of Family Court Action</b>		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
_____ (full name of abuse victim)  _____ Docket/Case No. of Protection Order  _____ Court/County	AV Address: _____  AV Employer's Name & Address: _____  AV Work Schedule: _____  AV Other contact information: _____	Alternative Reference: AV __ Address  Alternative Reference: AV __ Employer's Name & Address  Alternative Reference: AV __ Work Schedule  Alternative Reference: AV __ Other contact information

<b>Type of Family Court Action</b>		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
_____ (full name of abuse victim)  _____ Docket/Case No. of Protection Order  _____ Court/County	AV Address: _____  AV Employer's Name & Address: _____  AV Work Schedule: _____  AV Other contact information: _____	Alternative Reference: AV __ Address  Alternative Reference: AV __ Employer's Name & Address  Alternative Reference: AV __ Work Schedule  Alternative Reference: AV __ Other contact information

# **Self-Represented Party Entry of Appearance**

### **Self-Represented Party Entry of Appearance**

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.*

- Box 1. Print the name of the county in which the case is filed.
- Box 2: Print the name of plaintiff exactly as is appears on the Complaint.
- Box 3. Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.
- Box 4: Print the name of the defendant exactly as is appears on the Complaint.
- Box 5: Check whether this is a custody case or a divorce case.
- Box 6: Print your name and check whether you are the plaintiff or the defendant.
- Box 7: If you were represented by an attorney in this case, and no longer want his or her representation, check here. The attorney may also complete this section.
- Box 8: Complete this section with an address and telephone so that you receive court papers, either from the court or from another party. This address does not need to be your home address.

**This form must be filed, and a copy sent to all parties and attorneys, including an attorney removed from the case.**



IN THE COURT OF COMMON PLEAS OF 1 COUNTY PENNSYLVANIA

2  
 \_\_\_\_\_  
 Plaintiff

v. 4  
 \_\_\_\_\_  
 Defendant

No. 3  
 \_\_\_\_\_

5 5  
 \_\_\_\_\_ CUSTODY \_\_\_\_\_ DIVORCE

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY  
 PURSUANT TO Pa.R.C.P. No. 1930.8**

6  
 I, \_\_\_\_\_, ( ) Plaintiff or ( ) Defendant, represent myself in the  
 within action.

**REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)**

7 → \_\_\_\_\_ Remove \_\_\_\_\_, Esq., as my attorney of record.  
 \_\_\_\_\_ Withdraw my appearance for the filing party.

\_\_\_\_\_ Esq. (Print name) ID# \_\_\_\_\_  
 \_\_\_\_\_ Signature DATE: \_\_\_\_\_

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

8 → \_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
 Fax number

\_\_\_\_\_  
 Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING ATTORNEY REMOVED FROM THE CASE.

IN THE COURT OF COMMON PLEAS OF WYOMING COUNTY PENNSYLVANIA

_____	:	No. _____
Plaintiff	:	
v.	:	
_____	:	___ CUSTODY ___ DIVORCE
Defendant	:	

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY  
PURSUANT TO Pa.R.C.P. No. 1930.8**

I, \_\_\_\_\_, ( ) Plaintiff or ( ) Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

\_\_\_ Remove \_\_\_\_\_, Esq., as my attorney of record.

\_\_\_ Withdraw my appearance for the filing party.

\_\_\_\_\_ Esq. (Print name) ID# \_\_\_\_\_

\_\_\_\_\_ Signature DATE: \_\_\_\_\_

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Telephone number

\_\_\_\_\_ Address

\_\_\_\_\_ Fax number

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.